

03/14/01

15c39 U.S. PTO

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Please type a plus sign (+) inside this box \rightarrow \oplus Approved for use through 10/31/2002. OMB 0551-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	SAA-0064
		First Inventor	Orlando P. Metcalf
		Title	Method and System for Device Addressing on a Computer Network
		Express Mail Label No.	EK317000949US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 27] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7] 5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other:	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____
 Prior application information: Examiner _____ Group / Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23539 (Insert Customer No. or Attach to barcode label form)	
Name		or <input type="checkbox"/> Correspondence address below	
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Country		United States	Telephone
			Fax

Name (Print/Type)	MICHAEL J. FEMAL	Registration No. (Attorney/Agent)	27,784
Signature	<i>Michael J. Femal</i>	Date	3/19/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1,150**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Orlando P. Metcalf
Examiner Name	
Group Art Unit	
Attorney Docket No.	SAA-0064

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	19-3875(SAA-64)
Deposit Account Name	Square D Company

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee	Fee	Fee	Description	Fee Paid
Code (\$)	Code (\$)					
101	710	201	355		Utility filing fee	710
106	320	206	160		Design filing fee	
107	490	207	245		Plant filing fee	
108	710	208	355		Reissue filing fee	
114	150	214	75		Provisional filing fee	

SUBTOTAL (1) (\$) 710**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
40	-20** =	20	360
4	-3** =	1	80
Multiple Dependent			0

Large Entity	Small Entity	Fee	Fee	Fee	Description
Code (\$)	Code (\$)				
103	18	203	9		Claims in excess of 20
102	80	202	40		Independent claims in excess of 3
104	270	204	135		Multiple dependent claim, if not paid
109	80	209	40		** Reissue independent claims over original patent
110	18	210	9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 440

**for number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Description	Fee Paid
Code (\$)	Code (\$)						
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for ex parte reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	390	216	195			Extension for reply within second month	
117	890	217	445			Extension for reply within third month	
118	1,390	218	895			Extension for reply within fourth month	
126	1,890	226	945			Extension for reply within fifth month	
119	310	219	155			Notice of Appeal	
120	310	220	155			Filing a brief in support of an appeal	
121	270	221	135			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,240	241	620			Petition to revive - unintentional	
142	1,240	242	620			Utility issue fee (or reissue)	
143	440	243	220			Design issue fee	
144	600	244	300			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Petitions related to provisional applications	
126	240	126	240			Submission of Information Disclosure Sheet	
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	710	246	355			Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355			For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0**SUBMITTED BY**

Name (Print/Type)	MICHAEL J. FEMAL	Registration No. (Attorney/Agent)	27,784	Telephone	847-925-3452
Signature	<i>Michael J. Femal</i>	Date	3/14/01		

Complete if applicable**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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